

**Adventist
Health**

Feather River Hospital

**Community
Health Plan
2014 Annual
Update**



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Overview of Adventist Health

Feather River Hospital is an affiliate of [Adventist Health](#), a faith-based, not-for-profit, integrated health care delivery system headquartered in Roseville, California. We provide compassionate care in communities throughout California, Hawaii, Oregon and Washington.

Adventist Health entities include:

- 19 hospitals with more than 2,700 beds
- More than 235 clinics and outpatient centers
- 14 home care agencies and 7 hospice agencies
- Four joint-venture retirement centers
- Workforce of 28,600 includes more than 20,500 employees; 4,500 medical staff physicians; and 3,600 volunteers

We owe much of our heritage and organizational success to the [Seventh-day Adventist Church](#), which has long been a promoter of prevention and whole person care. Inspired by our belief in the loving and healing power of Jesus Christ, we aim to bring physical, mental and spiritual health and healing to our neighbors of all faiths.

Every individual, regardless of his/her personal beliefs, is welcome in our facilities. We are also eager to partner with members of other faiths to enhance the health of the communities we serve.

Our commitment to quality health care stems from our heritage, which dates back to 1866 when the first Seventh-day Adventist health care facility opened in Battle Creek, Michigan. There, dedicated pioneers promoted the "radical" concepts of proper nutrition, exercise and sanitation. Early on, the facility was devoted to prevention as well as healing. They called it a sanitarium, a place where patients—and their families—could learn to be well.

More than a century later, the health care system sponsored by the Seventh-day Adventist Church circles the globe with more than 170 hospitals and more than 500 clinics, nursing homes and dispensaries worldwide. And the same vision to treat the whole person—mind, body and spirit—continues to provide the foundation for our progressive approach to health care.

Our Mission: To share God's love by providing physical, mental and spiritual healing.

Our Vision: Adventist Health will be a recognized leader in mission focus, quality care and fiscal strength.

Identifying Information



Feather River Hospital

Number of Hospital Beds: 100

Kevin Erich, President & CEO

Jeff Eller, Chair, Governing Board

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Invitation to a Healthier Community

Where and **how** we live is vital to our health. As you read this document, think about health in our communities as the environment in which we live, work, and play. Economic opportunities, access to nutritious foods, green space, and the availability of social networks, are key determinants in shaping our health. Our hope is to focus beyond the pressing health care challenges to see the resources and assets that exist in our community and how we can align them for better health outcomes as a population.

The Community Health Plan marks the second phase in a collaborative effort to identify our community's most pressing health needs. A Community Health Needs Assessment (CHNA) was conducted in 2013 to identify potential priority areas for community health. The CHNA was conducted not only in response to California's community benefit legislation (SB 697), Oregon's community benefit legislation (HB 3290) and The Affordable Care Act (H.R. 3590), but to truly fulfill the mission of the Adventist Health, "To share God's love by providing physical, mental and spiritual healing."

Community-based prevention, particularly interventions that look upstream to stop the root causes of disease, can reduce the burden of preventable illnesses. Economic opportunities, access to nutritious foods, green space, and the availability of social networks, are all key determinants in shaping our health. Our hope is to focus beyond the pressing health care challenges to see the resources and assets that exist in our community and how we can align them for better health outcomes as a population. Adventist Health uses [The Community Guide](#), a free resource, to help communities choose programs and policies to improve health and prevent disease. This resource guides communities towards interventions that have proven to be effective, are appropriate for each unique community and evaluate the costs and return on investment for community health interventions.

Developing metrics for population-based interventions are imperative for continued success in elevating the health status of our community. To aid in comparability across regions, it is important to identify and be in alignment with statewide and national indicators.

When available, Healthy People 2020 was used as targets to align our local interventions. The Healthy People 2020 initiative provides science-based, 10-year national objectives for improving the health of all Americans.

The results of the CHNA guided the creation of a detailed plan to meet identified community needs, as well as community plans to address needs that our hospital may not be able to provide. In response to those identified needs Feather River Hospital has adopted the following priority areas for our community health investments for 2013-2015:

- Access to Healthcare
- Obesity
- Heart Disease
- Diabetes
- Smoking Cessation

In addition, Feather River Hospital continues to provide leadership and expertise within our health system by asking the questions for each priority area:

- 1) Are we providing the appropriate resources in the appropriate locations?
- 2) Do we have the resources as a region to elevate the population's health status?
- 3) Are our interventions making a difference in improving health outcomes?
- 4) What changes or collaborations within our system need to be made?
- 5) How are we using technology to track our health improvements and providing relevant feedback at the local level?

Building a healthy environment requires multiple stakeholders working together with a common purpose. We invite you to explore our health challenges in our communities outlined in this assessment report. More importantly though, we hope you imagine a healthier region and collectively prioritize our health concerns and find solutions across a broad range of sectors to create communities we all want for ourselves and our children.

Community Health Needs Assessment Overview Update

The Community Health Needs Assessment (CHNA) includes both the activity and product of identifying and prioritizing a community's health needs, accomplished through the collection and analysis of data, including input from community stakeholders that is used to inform the development of a community health plan. The second component of the CHNA, the community health plan, includes strategies and plans to address prioritized needs, with the goal of contributing to improvements in the community's health. The data sources and methods for conducting the CHNA are listed below.

Community Profile

Counties: Butte County Major Towns: Paradise & Magalia

Secondary Towns: Chico, Oroville, Durham, Yankee Hill, Concow, Orland

Our location: Paradise is an incorporated town in Butte County, in the northwest foothills of California's Central Valley, in the Sierra. The town is considered part of the Chico Metropolitan Area.

Quantitative Data

- Morbidity and Mortality collected from the County Health Profiles.
- Social Determinants of Health collected from the U.S. Census Bureau, American Community Survey.
- Health Indicator Data Collected from a variety of publicly available data.

Qualitative Data

Community Health Focus Groups—focus groups were held by each organization participating in the Community Health Survey using a third party moderator. The focus groups were comprised of community members at large and also key leaders in the community such as local government, religious and community service organizations. The moderator took all feedback and established a report showing the expressed needs of our communities.

Community Health Survey – To validate the data, and to ensure a broad representation of the community, qualitative data was collected from:

- Community Health Survey conducted in 2013
- Focus groups with our patients with broad and diverse perspectives

- Focus groups with our local community leaders and representatives from community service groups.

Information Gaps

It should be noted that the qualitative data used in the CHNA and CHP are not based on a stratified random sample of residents throughout the region or a random sample of employees in each agency. The key informants and focus group members were not chosen based on random sampling technique, but were instead invited because their comments represented the underserved, low income, minority, and chronically ill populations. In addition, this assessment relies on several national and state entities with publicly available data. All limitations inherent in these sources remain present for this assessment.

The CHP and update were prepared in collaboration with:

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Feather River Hospital feels confident that we are working hard to listen to our community and collectively identify needs and assets in our region. Traditional, publicly available data were included in the assessment, along with qualitative data collected from a broad representation of the community.

Although, the most recent assessment was conducted in 2013, we are continually assessing our communities for growing trends or environmental conditions that need to be addressed before our next assessment in 2016. In 2014 we saw several emerging health themes such as the concerns about Ebola spread and Health Insurance changes but nothing that presented an added area of focus for our community in 2015.

Identified Priority Need Update

After conducting the CHNA, we asked the following questions:

- 1) What is really hurting our communities?
- 2) How can we make a difference?
- 3) What are the high impact interventions?
- 4) Who are our partners?
- 5) Who needs our help the most?

From this analysis, three primary focus areas were identified as needing immediate attention, moving forward:

Priority Area 1

Access to Healthcare: Access to healthcare is a major need in our community. This comprises several key contributors including but not limited to: the number of physicians in community, the number of physicians accepting new patients, being uninsured or underinsured, services available in-area, transportation and awareness of availability of services

Goal: Increase the availability of healthcare services in the community as well as community members' ability to access care.

Objective: Create additional locations/clinics for services to meet the increasing needs of our community

Interventions:

1. Open new clinics for a variety of services including primary care.
2. Increase awareness of available services through community publications.
3. Increase awareness of services through community service organizations.
4. Provide enhanced healthcare services at existing locations
5. Continue to educate care providers of health services available to the community and offer CME lectures.

Evaluation Indicators:

Short Term – Increase in primary care providers accepting new patients, decreased wait times to access health services

Long Term – Decrease in patients going out of area for services offered in Paradise

Update on Indicators for 2014:

Short Term Indicators:

1. Took over primary care practice and opened Paradise Primary Care. Once acquired, FRH expanded the office adding 4 more exam rooms and adding a provider to the two previously working in the office.
2. Opened Corning Health Center in Corning, CA offering not only Primary Care Services but specialty services and Lab and Medical Imaging Services. Though this is outside Feather River Hospital's primary and secondary markets, this health center prevented a loss of services to the underserved/uninsured/medical population in the Corning area as the services previously offered in this building were shutting down.

Program Highlight: After the changeover in health insurance programs due to the Affordable Healthcare Act many in Butte County struggled because the insurance plan they signed up for through Covered California had failed to secure contracts with providers that covered their care. For several this meant that they expected to continue seeing the same doctor and no longer could; in fact in the local area there were no doctors accepting their plan. Many providers indicated that they were not going to pursue contracts with the insurer to take these new plans. Feather River Hospital worked hard along with the Adventist Health Corporate office to establish a contract for patients to be seen by providers at the Feather River Health Center with the insurance provider. In a matter of weeks patients could be seen at our facility, and we were the only ones in Paradise that would take their insurance. Without that negotiation they would have had to travel out of the area for care for an unknown amount of time, in some cases to Sacramento almost 2 hours away.

Priority Area 2

Decrease in Obesity, Diabetes and Heart Disease Rates: Nearly 34.0% of American adults and 16.2% of children and adolescents are obese. Obesity-related illnesses include heart disease, stroke, and type II diabetes, which are among the leading causes of death in our nation. Overweight and obesity significantly increase medical costs and pose a staggering burden on the U.S. health care system.

Of those living in Butte County 25% are considered to be obese compared to the state average of 24%. This indicates an unhealthy lifestyle and puts individuals at risk for further health issues. In Butte County the percentage of fast food restaurants is higher at 54% than state (48%) or national (27%) percentages with 7% of the population having limited access to healthy foods compared to state (3%) and National (1%) levels.

Goal: Reduce chronic diseases such as, diabetes, heart disease, and obesity and improve the quality of life for those who have or are at risk for these diseases.

Objectives:

1. Increase healthy eating and exercise habits among program participants.
2. Improve health outcomes for diabetics participating in the Diabetes Management classes.

Interventions:

1. Distribution of information on proper diet, exercise, and other healthy lifestyle habits throughout the community
2. Dinner with the Doctor Lectures held each month.
3. Health Meal Plans/Recipes published in community magazine 3 times a year.
4. Encourage healthy lifestyle among employees and their families through organized activities and wellness programs
5. Promote Diabetes Education and awareness with 5k Fun Run
6. Provide classes for Management of Diabetes

Evaluation Indicators:

Short Term – Increased attendance at lectures, increase in nutritional counseling, improved health of workforce, and increase in fun run participation.

Long Term – Decrease in obesity rates, increase in fruit & vegetable consumption and increase in regular exercise

Update on Indicators for 2014:

Short Term Indicators

1. Strides for Diabetes run to create awareness about diabetes prevention saw an increase from 140 participants in 2013 to 240 in 2014 and raised \$3,500 for scholarships for diabetes management classes and community education.
2. Hosted “Coco the Colossal Colon” a traveling exhibit with a crawl able replica of the colon educating on colon health and diseases. Displays and hospital staff discussed the importance of healthy diets and colon health and promoted screenings.
3. Hosted a restructured Community Health Fair which offered a free health screening at each booth. Health screenings included: oral cancer screenings, blood pressure screenings, vision screenings, hearing screenings, blood sugar screenings, balance assessments, and BMI testing

Program Highlight: One of the highlights of Feather River Hospital’s efforts to improve community health occurred at the May session of Dinner with the Doctor. This session was hosted by Dr. Christine Sloop who did cooking demonstrations and healthy meal planning. There were 72 attendees to this lecture which is about twice the average attendance to these lecture series. This helps show us that our community has an interest in improving their health by making lifestyle changes.

Priority Area 3

Smoking Cessation: Tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. In Butte County nearly 19% of respondents smoked compared to the nation at 13%. Over the last 3 years the number of adults who smoke has decreased at a state and national level however the number of adults in Butte County smoking has stayed consistent and in one year jumped to recede the following year.

Goal: Reduce cigarette smoking rates for those living in Butte County.

Objective: Reduce illness, disabilities related to tobacco use and second hand smoke exposure among program participants.

Interventions:

1. Provide smoking cessation education and give assistance to those who want to quit smoking in clinic waiting rooms.
2. Provide lectures about the harms of smoking and provide smoking cessation assistance.
3. Increase awareness of Smoking Cessation classes available at FRH.
4. Provide worksite-based interventions to improve employee wellness

Evaluation Indicators:

Short Term – Increase in attendance and graduation of smoking cessation classes.

Long Term – Decrease in numbers of those who smoke.

Update on Indicators for 2014:

Short Term indicators:

Smoking cessation classes were typical for 2014 seeing no significant increase, however sessions were at capacity.

Priority Areas Not Addressed

One of the needs identified by our community not addressed is mental health facilities and treatment. This need is not unimportant to our organization, but at this time we are not prepared to address the issue alone. Discussions with the Butte County Department of Health are in progress.

Partner List

Feather River Hospital supports and enhances regional efforts in place to promote healthier communities. Partnership is not used as a legal term, but a description of the relationships of connectivity that is necessary to collectively improve the health of our region. One of the objectives is to partner with other nonprofit and faith-based organizations that share our values and priorities to improve the health status and quality of life of the community we serve. This is an intentional effort to avoid duplication and leverage the successful work already in existence in the community. Many important systemic efforts are underway in our region, and we have been in partnership with multiple not-for-profits to provide quality care to the underserved in our region.

We believe that partnerships are effective tools in improving the health of our community. Together, we are able to leverage our resources and strengths and have a greater impact. We can build a greater sense of community and a shared commitment towards health improvement.

We would like to thank our partners for their service to our community:

- American Cancer Society
- American Diabetes Association
- Butte College: Nursing Advisory Board, Respiratory Therapy Advisory Board
- Butte County Community Action Agency
- Butte County ROP Advisory Board
- Boys & Girls Club
- Chico Chamber of Commerce
- Corning Chamber of Commerce - **New**
- Corning Health District - **New**
- Chico State University Advisory Board- Nutritional Services
- Chico State University Simulation Lab
- Paradise Business Association
- Paradise Citizen's Alliance
- Paradise Ministerial Association
- Paradise Parks Recreation
- Paradise Ridge Chamber of Commerce
- Paradise Seniors Center
- Paradise Unified School District
- Town of Paradise

Community Benefit Inventory

Year 2014 – Inventory

Activities	Number of Programs
Medical Care Services	
<p>Feather River Hospital and Adventist Health have an extensive charity care policy, which enables the Medical Center to provide discounted care and charity assistance for financially qualified patients. Financial counselors are available to help patients determine eligibility for charity assistance and manage medical bills. This assistance is available for both emergency and non-emergency health care. Charity care does not include: 1) bad debt or uncollectible charges that the hospital recorded as revenue but wrote-off due to failure to pay by patients, or the cost of providing such care to such patients; 2) the difference between the cost of care provided under Medicaid or other means-tested government programs and the revenue derived there from; or 3) contractual adjustments with any third-party payers.</p>	
Community Health Improvement	
<p>Community Health Fair Annual Free Event run by Feather River Hospital showcasing booths from Feather River Hospital’s Departments and community organizations educating and creating awareness about health and safety. Topics covered include nutrition, free cancer screenings (oral), emergency preparedness, fire safety and more.</p>	1
<p>Dinner with the Doctor Monthly Lecture Series held at different locations in the community covering a wide variety of topics focused on health and wellness, prevention and awareness. A different doctor presents each month.</p>	10
<p>Strides for Diabetes Educational Fair 3k/5k Walk/Run Annual event to raise awareness of diabetes and methods of prevention. Funds raise go towards scholarships for diabetes management classes.</p>	1
<p>Blood Pressure Clinic Staff are available at a community retirement center to provide free blood pressure checks on a weekly basis.</p>	Weekly
<p>Health Alert Screening Community Members are able to get low-cost blood work including: Complete Metabolic Panel, Lipid Panel, Thyroid Screening, Hemogram,</p>	3

A1C, Hemoglobin and Prostate Cancer Screening. Other free checkups including blood pressure, weight, and glucose are also offered. This meets a great need in the underinsured/uninsured population. Prices range from \$15 - \$45 depending on test.	
Free Flu Shot Clinics Flu shots provided by Butte County Department of Health are distributed for free to community members.	1
Colon Health Education Hosted "Coco the Colossal Colon" a traveling exhibit with a crawlable replica of the colon educating on colon health and diseases. Displays and hospital staff discussed the importance of healthy diets and colon health and promoted screenings.	1
Bereavement Support Group Held weekly this support group provides a community for healing for those who are dealing with the loss of a loved one.	52
Health Professions Education	
Hospice and Palliative Care In-services In-services with staff of assisted living and other care homes to educate of the needs, signs, and resources available to patients in end-of-life situations. Also for how they can help their patients and their families best. These help increase quality of life/ quality of care in our community.	20
Subsidized Health Services	
Healthy Mothers Pregnancy Education Monthly classes are offered to prepare expectant mothers for their pregnancy and birth experience as well as educational on taking care their babies.	Ongoing
Research	
Cancer Clinical Trials Participated with Stanford to find participants and conduct clinical trials for cancer treatment.	1
Cash and In-Kind Contributions	
Party in the Park - Sponsor Rotating departments staff educational booths each week encourage health and wellness and create awareness of health resources available in the community. This event is organized by the Paradise Chamber of Commerce and held in a community park during the summer.	12

<p>Gift of Giving Employees, volunteers and physicians donate their time and money to prepare complete thanksgiving meal boxes for over 250 families in the community.</p>	<p>1</p>
<p>Meals on Wheels FRH sustains a Meals on Wheels program to meet the needs of shut-ins, and other individuals with compromised access to proper meals. Support includes preparation of meals, managing subscriptions, creating program awareness, and organizing distribution of meals which are delivered 5 days a week.</p>	<p>Ongoing</p>

Community Benefit & Economic Value

Feather River Hospital's mission is "To share God's love by providing physical, mental and spiritual healing". We have been serving our communities health care needs since 1961. Our community benefit work is rooted deep within our mission and merely an extension of our mission and service. We have also incorporated our community benefit work to be an integral component of improving the "triple aim." The "Triple Aim" concept broadly known and accepted within health care includes:

- 1) Improve the experience of care for our residents.
- 2) Improve the health of populations.
- 3) Reduce the per capita costs of health care.

Our strategic investments in our community are focused on a more planned, proactive approach to community health. The basic issue of good stewardship is making optimal use of limited charitable funds. Defaulting to charity care in our emergency rooms for the most vulnerable is not consistent with our mission. An upstream and more proactive and strategic allocation of resources enables us to help low income populations avoid preventable pain and suffering; in turn allowing the reallocation of funds to serve an increasing number of people experiencing health disparities.

Community Benefit Summary

FEATHER RIVER HOSPITAL Data for Calendar Year 2014	TOTAL COMMUNITY BENEFIT COSTS		DIRECT CB REIMBURSEMENT	UNSPONSORED COMMUNITY BENEFIT COSTS	
	TOTAL CB EXPENSE	% OF TOTAL COSTS	OFFSETTING REVENUE	NET CB EXPENSE	% OF TOTAL COSTS
Traditional charity care	1,408,516	0.72%	1	1,408,515	0.72%
Public programs - Medicaid	-	0.00%	-	-	0.00%
Medicare	101,837,166	52.28%	78,911,134	22,926,033	11.77%
Other means-tested government programs (Indigent care)	107,949	0.06%	47,255	60,693	0.03%
Community health improvement services (1)	1,791,122	0.92%	660,608	1,130,514	0.58%
Health professions education (2)	108,623	0.06%	-	108,623	0.06%
Non-billed and subsidized health services (3)	4,468,890	2.29%	2,932,999	1,535,891	0.79%
Generalizable Research (4)	-	0.00%	-	-	0.00%
Cash and in-kind contributions for community benefit (5)	1,747	0.00%	-	1,747	0.00%
Community building activities (6)	-	0.00%	-	-	0.00%
TOTAL COMMUNITY BENEFITS	109,724,013	56.33%	82,551,998	27,172,015	13.95%

Connecting Strategy & Community Health

Hospitals and health systems are facing continuous challenges during this historic shift in our health system. Given today's state of health, where cost and heartache is soaring, now more than ever, we believe we can do something to change this. These challenges include a paradigm shift in how hospitals and health systems are positioning themselves and their strategies for success in a new payment environment. This will impact everyone in a community and will require shared responsibility among all stakeholders.

As hospitals move toward population health management, community health interventions are a key element in achieving the overall goals of **reducing the overall cost of health care, improving the health of the population, and improving access to affordable health services for the community** both in outpatient and community settings. The key factor in improving quality and efficiency of the care hospitals provide is to include the larger community they serve as a part of their overall strategy.

Population health is not just the overall health of a population but also includes the distribution of health. Overall health could be quite high if the majority of the population is relatively healthy—even though a minority of the population is much less healthy. Ideally such differences would be eliminated or at least substantially reduced.

Community health can serve as a strategic platform to improve the health outcomes of a defined group of people, concentrating on three correlated stages:

- 1) The distribution of specific health statuses and outcomes within a population;
- 2) Factors that cause the present outcomes distribution; and
- 3) Interventions that may modify the factors to improve health outcomes.

Improving population health requires effective initiatives to:

- 1) Increase the prevalence of evidence-based preventive health services and preventive health behaviors,
- 2) Improve care quality and patient safety and
- 3) Advance care coordination across the health care continuum.

Our mission as a health system is to share God's love by providing physical, mental and spiritual healing. We believe the best way to re-imagine our future business model with a major emphasis of community health is by working together with our community.

Appendix A: Community Health Needs Assessment and Community Health Plan Coordination Policy

Entity:

- System-wide Corporate Policy
- Standard Policy
- Model Policy

Corporate Policy
Department:
Category/Section:
Manual:

No. AD-04-006-S
Administrative Services
Planning
Policy/Procedure Manual

POLICY SUMMARY/INTENT:

This policy is to clarify the general requirements, processes and procedures to be followed by each Adventist Health hospital. Adventist Health promotes effective, sustainable community benefit programming in support of our mission and tax-exempt status.

DEFINITIONS

1. **Community Health Needs Assessment (CHNA):** A CHNA is a dynamic and ongoing process that is undertaken to identify the health strengths and needs of the respective community of each Adventist Health hospital. The CHNA will include a two document process, the first being a detailed document highlighting the health related data within each hospital community and the second document (Community Health Plan or CHP) containing the identified health priorities and action plans aimed at improving the identified needs and health status of that community.

A CHNA relies on the collection and analysis of health data relevant to each hospital's community, the identification of priorities and resultant objectives and the development of measurable action steps that will enable the objectives to be measured and tracked over time.

2. **Community Health Plan:** The CHP is the second component of the CHNA and represents the response to the data collection process and identified priority areas. For each health need, the CHP must either: a) describe how the hospital plans to meet the identified health need, or b) identify the health need as one the hospital does not intend to specifically address and provide an explanation as to why the hospital does not intend to address that health need.
3. **Community Benefit:** A community benefit is a program, activity or other intervention that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of these objectives:
 - Improve access to health care services
 - Enhance the health of the community
 - Advance medical or health care knowledge
 - Relieve or reduce the burden of government or other community efforts

Community benefits include charity care and the unreimbursed costs of Medicaid and other means-tested government programs for the indigent, as well as health professions' education, research, community health improvement, subsidized health services and cash and in-kind contributions for community benefit.

AFFECTED DEPARTMENTS/SERVICES:

Adventist Health hospitals

POLICY: COMPLIANCE – KEY ELEMENTS**PURPOSE:**

The provision of community benefit is central to Adventist Health's mission of service and compassion. Restoring and promoting the health and quality of life of those in the communities served, is a function of our mission "To share God's love by providing physical, mental and spiritual healing." The purpose of this policy is: a) to establish a system to capture and report the costs of services provided to the underprivileged and broader community; b) to clarify community benefit management roles; c) to standardize planning and reporting procedures; and d) to assure the effective coordination of community benefit planning and reporting in Adventist Health hospitals. As a charitable organization, Adventist Health will, at all times, meet the requirements to qualify for federal income tax exemption under Internal Revenue Code (IRC) §501(c)(3). The purpose of this document is to:

1. Set forth Adventist Health's policy on compliance with IRC §501(r) and the Patient Protection and Affordable Care Act with respect to CHNAs;
2. Set forth Adventist Health's policy on compliance with California (SB 697), Oregon (HB 3290), Washington (HB 2431) and Hawaii State legislation on community benefit;
3. Ensure the standardization and institutionalization of Adventist Health's community benefit practices with all Adventist Health hospitals; and
4. Describe the core principles that Adventist Health uses to ensure a strategic approach to community benefit program planning, implementation and evaluation.

A. General Requirements

1. Each licensed Adventist Health hospital will conduct a CHNA and adopt an implementation strategy to meet the community health needs identified through such assessment.
2. The Adventist Health *Community Health Planning & Reporting Guidelines* will be the standard for CHNAs and CHPs in all Adventist Health hospitals.
3. Accordingly, the CHNA and associated implementation strategy (also called the Community Health Plan) will initially be performed and completed in the calendar year ending December 31, 2013, with implementation to begin in 2014.
4. Thereafter, a CHNA and implementation strategy will be conducted and adopted within every succeeding three-year time period. Each successive three-year period will be known as the Assessment Period.
5. Adventist Health will comply with federal and state mandates in the reporting of community benefit costs and will provide a yearly report on system wide community benefit performance to board of directors. Adventist Health will issue and disseminate to diverse community stakeholders an annual web-based system wide report on its community benefit initiatives and performance.
6. The financial summary of the community benefit report will be approved by the hospital's chief financial officer.
7. The Adventist Health budget & reimbursement department will monitor community benefit data gathering and reporting for Adventist Health hospitals.

B. Documentation of Public Community Health Needs Assessment (CHNA)

1. Adventist Health will implement the use of the Lyon Software CBISA™ product as a tool to uniformly track community benefit costs to be used for consistent state and federal reporting.
2. A written public record of the CHNA process and its outcomes will be created and made available to key stakeholders in the community and to the general public. The written public report must include:
 - a. A description of the hospital's community and how it was determined.
 - b. The process and methods used to conduct the assessment.
 - c. How the hospital took into account input from persons who represent the broad interests of the community served.
 - d. All of the community health needs identified through the CHNA and their priorities, as well as a description of the process and criteria used in the prioritization.
 - e. Existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.
3. The CHNA and CHP will be submitted to the Adventist Health corporate office for approval by the board of directors. Each hospital will also review their CHNA and CHP with the local governing board. The Adventist Health government relations department will monitor hospital progress on the CHNA and CHP development and reporting. Helpful information (such as schedule deadlines) will be communicated to the hospitals' community benefit managers, with copies of such materials sent to hospital CFOs to ensure effective communication. In addition, specific communications will occur with individual hospitals as required.
4. The CHNA and CHP will be made available to the public and must be posted on each hospital's website so that it is readily accessible to the public. The CHNA must remain posted on the hospital's website until two subsequent CHNA documents have been posted. Adventist Health hospitals may also provide copies of the CHNA to community groups who may be interested in the findings (e.g., county or state health departments, community organizations, etc.).
5. For California hospitals, the CHPs will be compiled and submitted to OSHPD by the Adventist Health government relations department. Hospitals in other states will submit their plans as required by their state.
6. Financial assistance policies for each hospital must be available on each hospital's website and readily available to the public.

Corporate Initiated Policies: (For corporate office use)

References: Replaces Policy: AD-04-002-S

Author: Administration

Approved: SMT 12-9-2013, AH Board 12-16-2013

Review Date:

Revision Date:

Attachments:

Distribution: AHEC, CFOs, PCEs, Hospital VPs, Corporate AVPs and Directors